

**Competency Based Training & Assessment**

**(CBT&A)**

**EVIDENCE DOCUMENTS**

**Submitted To**

Bangladesh Technical Education Board (BTEB)

For

Fulfilment of Certificate - IV in CBT& A (Methodology)

**Submitted by**

PP Size Photo

|  |  |
| --- | --- |
| Name | : |
| Designation | : |
| Institute / Industry | : |
| Address | : |
| Mobile | : |
| E-mail | : |

TABLE OF CONTENT

|  |  |
| --- | --- |
| Content | Page |
| 1. Evidence No-1: Hazard Inspection Report |  |
| 2. Evidence No-2: Maintenance and Housekeeping Form |  |
| 3. Evidence No-3: Task Analysis Form |  |
| 4. Evidence No-4: Unit Delivery Plan |  |
| 5. Evidence No-5A: Training Session Plan 1 |  |
| No-5B: Training Session Plan 2 |  |
| No-5C: Training Session Plan 3 |  |
| 6. Evidence No-6: CBLM (Information Sheet, Job Sheet, Specification Sheet) |  |
| 7. Evidence No-7: Peer Feedback on Training and Assessment Activity |  |
| 8. Evidence No-8: Personal Evaluation Form |  |
| 9. Evidence No-9: Professional Skills Development Plan |  |
| 10. Evidence No-10 Technical Competency Development Plan |  |
| 11. Evidence No-11: Assessment Planning matrix |  |
| 12. Evidence No-12: Self-Assessment Sheet |  |
| 13. Evidence No-13: Attendance Sheet with Registration No |  |
| 14. Evidence No-14: Competency Assessment Agreement Form |  |
| 15. Evidence No-15: Written Question (with Answer Key) |  |
| 16. Evidence No-16: Job Sheet and Specification Sheet |  |
| 17. Evidence No-17: Observation/ Demonstration Checklist |  |
| 18. Evidence No-18: Oral Questioning Checklist (with Answer Key) |  |
| 19. Evidence No-19: Competency Assessment Results Summary (CARS) |  |
| 20. Submitted Evidence document Checklist |  |

Evidence 1:

# Hazard Inspection Report

**Risk Levels**

High = H : Could result in accidental death

Medium = M : Could result in injury

Low = L : Could result in staff or trainee discomfort

|  |  |
| --- | --- |
| Contact Information |  |
| Name of people undertaking for inspection |  |
| Date of Inspection |  |
| OSH coordinator |  |
| Manager responsible |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Floors | No Risk | Risk | Risk Level | Details | Who is responsible for corrective action? Name of manager |
| Even surface – no holes, protruding nails |  |  |  |  |  |
| Loose boards nailed down |  |  |  |  |  |
| Dropped objects picked up |  |  |  |  |  |
| Dust and rubbish |  |  |  |  |  |
| Stock material out of way |  |  |  |  |  |
| Floor are around machines clear |  |  |  |  |  |
| Power cables on floor. |  |  |  |  |  |
| Machines | No Risk | Risk | Risk Level | Details | Who is responsible for corrective action? Name of manager |
| Adequate space between machinery |  |  |  |  |  |
| Provision to store waste materials |  |  |  |  |  |
| Safety guards in place |  |  |  |  |  |
| Starting and stopping devices within reach of the operator |  |  |  |  |  |
| Power connection in good order |  |  |  |  |  |
| Cleanliness |  |  |  |  |  |
| Noise level |  |  |  |  |  |
| Lighting |  |  |  |  |  |
| Fire | No Risk | Risk | Risk Level | Details | Who is responsible for corrective action? Name of manager |
| Extinguishers in place, recently serviced and clearly marked for type of fire |  |  |  |  |  |
| Adequate direction notices for fire exits |  |  |  |  |  |
| Exit doors easily opened from inside |  |  |  |  |  |
| Exits clear of obstructions |  |  |  |  |  |
| Fire alarm system functioning correctly |  |  |  |  |  |
| Fire instructions available and displayed |  |  |  |  |  |
| Ladders/staircases are clear |  |  |  |  |  |
| Fire blanket/s available |  |  |  |  |  |
| Ladders and steps | No Risk | Risk | Risk Level | Details | Who is responsible for corrective action? Name of manager |
| Stored in proper place |  |  |  |  |  |
| No broken or missing rungs or other deflects |  |  |  |  |  |
| Storage areas | No Risk | Risk | Risk Level | Details | Who is responsible for corrective action? Name of manager |
| Storage area designed to minimize lifting problems |  |  |  |  |  |
| Materials stored in racks and bins wherever possible |  |  |  |  |  |
| Shelves free of dust and rubbish |  |  |  |  |  |
| Electrical | No Risk | Risk | Risk Level | Details | Who is responsible for corrective action? Name of manager |
| Plugs, sockets or switches in good condition |  |  |  |  |  |
| No frayed or deflective leads |  |  |  |  |  |
| Portable power tools in good condition |  |  |  |  |  |
| No temporary leads on floors |  |  |  |  |  |
| Isolating transformers |  |  |  |  |  |
| No strained leads |  |  |  |  |  |
| Staff amenities | No Risk | Risk | Risk Level | Details | Who is responsible for corrective action? Name of manager |
| Washrooms clean and supplied with soap and water for hand washing |  |  |  |  |  |
| Toilets clean |  |  |  |  |  |
| Meal rooms clean and tidy |  |  |  |  |  |
| First aid | No Risk | Risk | Risk Level | Details | Who is responsible for corrective action? Name of manager |
| Cabinets and contents clean and orderly |  |  |  |  |  |
| Cabinet stocked appropriately |  |  |  |  |  |
| Emergency numbers displayed |  |  |  |  |  |
| Rubbish | No Risk | Risk | Risk Level | Details | Who is responsible for corrective action? Name of manager |
| Bins located at suitable points around facility |  |  |  |  |  |
| Bins emptied regularly |  |  |  |  |  |
| Oily rags and combustible refuse placed in covered metal containers |  |  |  |  |  |

Comment (If any)

Evidence 2:

Maintenance and Housekeeping Checklist for training workshop

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Maintenance and Housekeeping Checklist for training workshop | | | | | |
| 1 | LAYOUT | Y | N | NA | Actions:  (include person responsible and target completion date) |
| 1.1 | Area is tidy and well kept |  |  |  |  |
| 1.2 | Adequate storage area provided |  |  |  |  |
| 1.3 | Floor is free of obstructions and not-slippery |  |  |  |  |
| 1.4 | Any opening in the floor are guarded or covered |  |  |  |  |
| 1.5 | Walkways clearly marked and guarded if necessary |  |  |  |  |
| 2 | ENVIRONMENT | Y | N | NA | Actions:  (include person responsible and target completion date) |
| 2.1 | Lighting is adequate |  |  |  |  |
| 2.2 | Lighting covers and fittings are secure |  |  |  |  |
| 2.3 | Area is free from odors |  |  |  |  |
| 2.4 | Noise level is acceptable/adequately controlled |  |  |  |  |
| 2.5 | Ventilation is adequate |  |  |  |  |
| 2.6 | Recycling posters and information displayed |  |  |  |  |
| 3 | EMERGENCY PROCEDURES | Y | N | NA | Actions:  (include person responsible and target completion date) |
| 3.1 | Written procedures posted |  |  |  |  |
| 3.2 | Extinguisher of appropriate type easily accessible |  |  |  |  |
| 3.3 | Emergency and hazard signage is clearly visible |  |  |  |  |
| 4 | FIRST AID FACILITIES | Y | N | NA | Actions:  (include person responsible and target completion date) |
| 4.1 | Kit kept and marked in accessible area. |  |  |  |  |
| 4.2 | Kit is stocked and contents are in-date |  |  |  |  |
| 5 | GENERAL FACILITIES | Y | N | NA | Actions: (include person responsible and target completion date) |
| 5.1 | Cleaning area is accessible and functional |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 6 | ELECTRICAL SAFETY | Y | N | NA | Comments / Hazards | Actions: (include person responsible and target completion date) |
| 6.1 | Power extension boards / Multi-plugs in good condition |  |  |  |  |  |
| 6.2 | Power leads are off the floor or covered and placed away from walkways |  |  |  |  |  |
| 6.3 | Faulty equipment is removed from service |  |  |  |  |  |
| 7 | WASTE DISPOSAL | Y | N | NA | Comments / Hazards | Actions: (include person responsible and target completion date) |
| 7.1 | Waste containers are provided and labelled |  |  |  |  |  |
| 7.2 | Waste is segregated and stored appropriately away from drains |  |  |  |  |  |
| 8 | PPE | Y | N | NA | Comments / Hazards | Actions: (include person responsible and target completion date) |
| 8.1 | Required PPE available for all staff and trainees |  |  |  |  |  |
| 8.2 | Correctly stored |  |  |  |  |  |
| 8.3 | Well maintained and in good condition |  |  |  |  |  |
| 8.4 | Signage of PPE requirements displayed |  |  |  |  |  |

Comment (If any)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Unit of Competency: | | | |
| Name of Task: | | | |
| Elements | Knowledge | Skills | Attitude |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Evidence 3:

Task Analysis Form

Evidence 4:

Unit delivery plan

|  |  |  |  |
| --- | --- | --- | --- |
| Unit title: | Unit code: | NTVQ level: | Nominal hours: |
| Name of Trainer: | Number of trainees enrolled: | Proposed start date: | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Session  Number | Time | Elements covered | Performance criteria  Covered | Delivery  mode/strategy | Equipment and  Resources required |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Evidence 5A:

Training Session Plan-1

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Unit of Competency: |  | | | | Unit Code: | NTVQF Level- | | Session No: |
| Task: | Prepare Co2 Gas | | | |
| Learning Outcome/S: At the end of the session, learners will be able to ------- (Performance) according to Competency standard (Standard) Using---- (Condition). | | | | | | | | |
| Relevant Performance Criteria: | | | | | | | | |
| Date: | | | Session Duration: 3 hours | Trainer: | | | | |
| Learning Segment and Approximate Time Required | | Key Points & Activities | | | Training Method | | Materials, Equipment’s & Resources | |
| Introduction  10 Min. | | # Get Attention  # Link to Previous Session:  # Outcome of todays session:  # Structure of The Session  # Stimulate Learners  (Career Opportunities, Remuneration and Social Status) | | |  | |  | |
| Discussion  30 Min. | | Related Topics | | |  | |  | |
| Demonstration  120 Min. | | Demonstration: During demonstration, make sure to maintain OSH in work place according to industry standard and follow three steps | | |  | |  | |
| Trainee Practise (Off you go): Observe the performance of the trainees and provide informative feedback. | | |  | |  | |
| Review and feedback  15 Min. | | # Review: Summery of the session:  # Feedback to the learners: Questions & Answer, comments | | |  | |  | |
| Link to Next Session  5 min | | In the next session: Name of Topics with brief stimulation | | |  | |  | |

Evidence 5B:

Training Session Plan-2

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Unit of Competency: |  | | | | Unit Code: | NTVQF Level- | | Session No: |
| Task: |  | | | |
| Learning Outcome/S: At the end of the session, learners will be able to ------- (Performance) according to Competency standard (Standard) Using---- (Condition). | | | | | | | | |
| Relevant Performance Criteria: | | | | | | | | |
| Date: | | | Session Duration: | Trainer: | | | | |
| Learning Segment and Approximate Time Required | | Key Points & Activities | | | Training Method | | Materials, Equipment’s & Resources | |
| Introduction  ------ Min. | | # Get Attention  # Link to Previous Session:  # Outcome of Today’s Session:  # Stimulate Learners  # Structure of The Session | | |  | |  | |
| Discussion | | Related Topics | | |  | |  | |
| Demonstration  -------- Min. | | Demonstration: During demonstration, make sure to maintain OSH in work place according to industry standard and follow three steps | | |  | |  | |
| Trainee Practise (Off you go): Observe the performance of the trainees and provide informative feedback. | | |  | |  | |
| Review and feedback  ---------Min. | | # Review: Summery of the session:  # Feedback to the learners: Questions & Answer, comments | | |  | |  | |
| Link to Next Session  ---------min | | In the next session: name of Topics with brief stimulation | | |  | |  | |

Evidence 5C:

Training Session Plan-3

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Unit of Competency: |  | | | | Unit Code: | NTVQF Level- | | Session No: |
| Task: |  | | | |
| Learning Outcome/S: At the end of the session, learners will be able to ------- (Performance) according to Competency standard (Standard) Using---- (Condition). | | | | | | | | |
| Relevant Performance Criteria: | | | | | | | | |
| Date: | | | Session Duration: | Trainer: | | | | |
| Learning Segment and Approximate Time Required | | Key Points & Activities | | | Training Method | | Materials, Equipment’s & Resources | |
| Introduction  ------ Min. | | # Get Attention  # Link to Previous Session:  # Outcome of Today’s Session:  # Structure of The Session  # Stimulate Learners | | |  | |  | |
| Discussion | | Related Topics | | |  | |  | |
| Demonstration  -------- Min. | | Demonstration: During demonstration, make sure to maintain OSH in work place according to industry standard and follow three steps | | |  | |  | |
| Trainee Practise (Off you go): Observe the performance of the trainees and provide informative feedback. | | |  | |  | |
| Review and feedback  ---------Min. | | # Review: Summery of the session:  # Feedback to the learners: Questions & Answer, comments | | |  | |  | |
| Link to Next Session  ---------min | | In the next session: name of Topics with brief stimulation | | |  | |  | |

Evidence No-6:

CBLM

(Competency Based Learning Materials)

Information Sheet

Related information to delivered topic are given with pictures and video (if needed)

Evidence

JOB SHEET

Name of the job: Time:

**Procedures/ Steps:**

1. Wear appropriate PPE for the Job.
2. Follow OSH
3. Read provided Job sheet and Specification sheet.
4. Identify & Collect tools, equipment and materials as per specification sheet.
5. Prepare tools, equipment’s and materials to do the job
6. Perform the job activity according to Specification sheet.
7. (Others Steps which are needed to follow)
8. Submit required evidence to the Assessor.
9. Clean and Store tools, equipment and materials as per standard.
10. Clean your workplace and dispose waste materials.

**Figure/Image/Drawing (if needed)**

Specification Sheet

Name of the job:

**Conditions for the job:** Work must be carried out in a safe manner and according to relevant competency standards.

**Working Diagram/Recipe:**

**Required Personal Protective Equipment (PPE):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of the PPE** | **Specification (if needed)** | **Unit** | **Required Quantity**  **(induvial)** | **Remarks** |
|  |  |  |  |  |  |

**Required Equipment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of the Equipment** | **Specification (if needed)** | **Unit** | **Required Quantity**  **(induvial)** | **Remarks** |
|  |  |  |  |  |  |

**Required Materials:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of the Materials** | **Specification (if needed)** | **Unit** | **Required Quantity**  **(induvial)** | **Remarks** |
|  |  |  |  |  |  |

**Required Tools:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of the Tools** | **Specification (if needed)** | **Unit** | **Required Quantity**  **(induvial)** | **Remarks** |
|  |  |  |  |  |  |

**Special instruction if needed:**

**Evidence No-7:**

**Peer Feedback on Training and Assessment Activity**

|  |  |  |
| --- | --- | --- |
| Name of trainee assessor:  Name of peer assessor: | | Comments/feedback |
| Session plan | Learning outcome statements   * Were written using active verb * Can be measured * Were realistic for the time allocated   Performance criteria   * Performance measured against given standard   Structure   * Learner activities/practise planned * Training aids listed * OSH issues covered where relevant |  |
| Training Delivery | * OSH issues discussed with trainees as appropriate and managed * Appropriate learning methods were used * Learning aids assisted learning * Practise activities were effectively conducted * Review of key topics done * Appropriate time management demonstrated during the session * Theory and practise were integrated |  |
| Feedback to trainee | * Helpful feedback on performance was provided to trainee |  |
| Evidence Guide | * The assessment methods chosen by the trainee teacher were suitable for collecting the evidence required to confirm competence * 2 appropriate evidence guides (assessment tools/instruments) are provided * Questions appropriate to PC were asked * Observation checklist matched PC |  |

# Evidence No-8:

# Personal Evaluation Form for Trainer

Trainer’s Name: Date:

The purpose of this form is to guide you to self-evaluate your training session.

|  |  |
| --- | --- |
| Questions | Comments |
| 1. How did you make your session introduction informative? |  |
| 2. How did you make your session plan clear and useful? |  |
| 3. How could you improve your session planning in the future? |  |
| 4. What improvements do you need to make to your activities to make them more effective? |  |
| 5. How did you cater for a variety of learning styles? |  |
| 6. How did you make your instructional and demonstrational skills effective? |  |
| 7. What did you do to motivate your learners? |  |
| 8. What was the best feature of your presentation? |  |
| 9. How did you ensure your support materials were appropriate? |  |
| 10. How did you structure the practice opportunity? |  |
| 11. What did you do to ensure the environment was safe and supportive for your learners? |  |
| 12. Explain why you think that the feedback you gave to your learners was effective |  |
| 13. How did you know that your learners achieved the stated learning outcomes? |  |
| 14. How did you know your learner was ready for assessment? |  |
| 15. How did you conclude your session? |  |

Evidence No-9:

Professional Skills Development Plan – Top Sheet

(For Trainer)

|  |
| --- |
| Name: ------------------------------------ , Position: -------------------------------------- Age:-----------  Technology:  Contact Number:  Email: |

|  |
| --- |
| Competencies to be developed in 20-------------- |

|  |  |  |  |
| --- | --- | --- | --- |
| Competency | Learning strategy and location | Resources required | Timeframe |
|  |  | Approval by --------- |  |
|  |  | Approval by ---------- |  |

|  |
| --- |
| Mentor name: Position:  Signature Date |
| Approved by --------------  Signature Date |

Professional Skills Development Plan - Details

Competencies to be developed in --------

|  |  |  |
| --- | --- | --- |
| Competency | Performance criteria | Certified by |
| I will be cover: |  |  |
| I will be cover: |  |  |
| I will be cover: |  |  |

Evidence No-10:

Technical Competency Development Plan - Summary

For Trainer

|  |
| --- |
| Name: -------------------------------------- Position: -------------------------------------- Age: --------------  Technology:  Contact Number:  Email: |
| Year competencies will be developed--------------- |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Competency | NTVQF  Level | Strategy\* | Name of the Training Center/Industry | Cost to be incurred | Time frame |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Approved by --------------------------- Designation Signature Date | | | | | |
| Approved by ---------------------------- Designation Signature Date | | | | | |

Technical Competency Development Plan Details

Competencies to be developed

|  |  |  |  |
| --- | --- | --- | --- |
| Competency | NTVQFLevel | Elements | Performance criteria |
| I will be cover (Generic Competency): |  |  |  |
| I will be cover (Sector Competency): |  |  |  |
| I will be cover (Occupation Competency): |  |  |  |

Certification

This is to certify that ---------------------------------------, ---------------------------------- Institute, -----------------, achieved competencies on the following units.

|  |  |
| --- | --- |
| Name of the industry Person  Designation | Organization:  Signature with date |

# Evidence No-11:

# Assessment planning matrix

|  |  |
| --- | --- |
| Qualification |  |
| Unit code and title |  |
| Unit descriptor | This unit covers the skills, knowledge and attitudes required to ------------------------------according to ------------------------- |

| **Assessment process** | **D** | **O** | **W** | **P** | | | **T** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Demonstration** | **Oral Questioning** | **Written Questions** | **Portfolio**  **(Sample product and/or document)** | | | **Third Party Report** | | |
| **Unit code and title** | **Elements/Performance criteria** | | | | **D** | **O** | **W** | **P** | **T** | |
|  |  | | | |  | | | | |
|  | | | |  |  |  |  |  | |
|  | | | |  |  |  |  |  | |
|  | | | |  | | | | |
|  | | | |  |  |  |  |  | |
|  | | | |  |  |  |  |  | |
|  | | | |  |  |  |  |  | |
|  | | | |  | | | | |
|  | | | |  |  |  |  |  | |

# Evidence No-12:

# SELF-ASSESSMENT SHEET

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qualification: | |  | | |
| Unit of competency | |  | | |
| Instruction:   * + Read each of the questions in the left-hand column of the chart.   + Place a check in the appropriate box opposite each question to indicate your answer.   Can I? | | | | |
|  | | | YES | NO |
|  | | | 🖵 | 🖵 |
|  | | | 🖵 | 🖵 |
|  | | | 🖵 | 🖵 |
|  | | | 🖵 | 🖵 |
|  | | | 🖵 | 🖵 |
|  | | | 🖵 | 🖵 |
|  | | | 🖵 | 🖵 |
|  | | | 🖵 | 🖵 |
|  | | | 🖵 | 🖵 |
|  | | | 🖵 | 🖵 |
|  | | | 🖵 | 🖵 |
|  | | | 🖵 | 🖵 |
|  | | | 🖵 | 🖵 |
| I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purposes and can only be accessed by concerned assessment personnel and my manager/supervisor. | | | | |
| Candidate’s name  & signature: |  | | Date: | |

Evidence No-13:

Attendance Sheet with registration no

Date:

Number of Candidate:

Occupation:

Batch:

NSC Level:

CBT & A:

Assessment Type:

Candidate Type:

Name of Training Center:

**Attendance Sheet**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SL | Code Number | Candidate Name | Father’s Name | Registration No. | Signature | Result | Remarks (If NYC) |
| (C / NYC) |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| Assessor’s / Assessors’ Signature | | |  | | | Date: |  |
| Board Representative’s Name & Signature | | |  | | | Date: |  |

Evidence No-14:

Competency Assessment Agreement Form

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate’s Name: |  | | |
| Assessor’s Name: |  | | |
| Qualification |  | | |
| Qualification/Units of Competency to be Assessed |  | | |
| Candidate to answer the question: | | Yes | No |
| * Have the context and purpose of assessment been explained | |  |  |
| * Have the qualification and units of competency been explained? | |  |  |
| * Have the Project-Based Assessment been explained? | |  |  |
| * Do you understand the assessment procedure and evidence to be collected? | |  |  |
| * Have your rights and appeal system been explained? | |  |  |
| * Have you discussed any special needs to be considered during assessment? | |  |  |
| I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purposes and can only be accessed by concerned personnel and my manager/supervisor. | | | |
| Candidate’s Signature: | | Date: | |
| Assessor Signature: | | Date: | |

Evidence No-15:

Written Question

Time: --:-- Minute

|  |  |  |
| --- | --- | --- |
| Qualification |  | |
| Candidate’s Name |  | |
| Assessor Name |  | |
| Assessment Centre |  | |
| Date of assessment |  | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
| The candidate’s underpinning knowledge was: Satisfactory 🞏 Not Satisfactory 🞏 | | |
| Feedback to candidate: | | |
| Candidate’s Signature |  | Date: |
| Assessor Signature |  | Date: |

Qualification:

Answer sheet of Written Question

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

Evidence No-16:

Evidence

JOB SHEET

Name of the job: Time:

**Procedures/ Steps:**

1. Wear appropriate PPE for the Job.
2. Follow OSH
3. Read provided Job sheet and Specification sheet.
4. Identify & Collect tools, equipment and materials as per specification sheet.
5. Prepare tools, equipment’s and materials to do the job
6. Perform the job activity according to Specification sheet.
7. (Others Steps which are needed to follow)
8. Submit required evidence to the Assessor.
9. Clean and Store tools, equipment and materials as per standard.
10. Clean your workplace and dispose waste materials.

**Figure/Image/Drawing (if needed)**

Specification Sheet

Name of the job:

**Conditions for the job:** Work must be carried out in a safe manner and according to relevant competency standards.

**Working Diagram/Recipe:**

**Required Personal Protective Equipment (PPE):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of the PPE** | **Specification (if needed)** | **Unit** | **Required Quantity**  **(induvial)** | **Remarks** |
|  |  |  |  |  |  |

**Required Equipment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of the Equipment** | **Specification (if needed)** | **Unit** | **Required Quantity**  **(induvial)** | **Remarks** |
|  |  |  |  |  |  |

**Required Materials:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of the Materials** | **Specification (if needed)** | **Unit** | **Required Quantity**  **(induvial)** | **Remarks** |
|  |  |  |  |  |  |

**Required Tools:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of the Tools** | **Specification (if needed)** | **Unit** | **Required Quantity**  **(induvial)** | **Remarks** |
|  |  |  |  |  |  |

**Special instruction if needed:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Evidence No-17:  Observation/ Demonstration Checklist | | | | |
| Qualification |  | | | |
| Candidate’s Name |  | | | |
| Assessor’s Name |  | | | |
| Date of Assessment: |  | | | |
| Assessment Centre |  | | | |
| **For Project/ Job** -1 | | | | |
| During the demonstration of skills, did the candidate? | | | Yes | No |
|  | | |  |  |
|  | | |  |  |
|  | | |  |  |
|  | | |  |  |
| The candidate’s demonstration was: Satisfactory 🗌 Not Satisfactory 🗌 | | | | |
| **Project/Job-2** | | | | |
|  | | |  |  |
|  | | |  |  |
|  | | |  |  |
|  | | |  |  |
| The candidate’s demonstration was: Satisfactory 🗌 Not Satisfactory 🗌 | | | | |
| Feedback to Candidate | | | | |
| The candidate’s overall demonstration was: Satisfactory 🗌 Not Satisfactory 🗌 | | | | |
| Assessor Signature: |  | Date: | | |
| Candidate Signature: |  | Date: | | |

Evidence No-18:

Oral Questioning Checklist

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Qualification | |  | | | | | | |
| Candidate Name | |  | | | | | | |
| Assessor Name | |  | | | | | | |
| Instructions for the assessor: | | | | | | | | |
| * Check for the satisfactory answer of the candidate during the conduct of oral questioning * Place a tick in the yes box if the candidate answered the oral questions correctly and no box if the candidate does not answer the oral questioning correctly | | | | | | | | |
| Date of assessment | | |  | | | | | |
| Location of the assessment activity | | | |  | | | | |
| Questions | | | | | Satisfactory response | | | |
| Yes | | No | |
|  | | | | |  | | |  |
|  | | | | |  | | |  |
|  | | | | |  | | |  |
|  | | | | |  | | |  |
|  | | | | |  | | |  |
| Feedback to candidate: | | | | | | | | |
| The candidate’s overall performance was: Satisfactory 🞏 Not yet Satisfactory 🞏 | | | | | | | | |
| Candidate’s Signature |  | | | | | Date: | | |
| Assessor Signature |  | | | | | Date: | | |

Qualification:

Answer of Oral Question

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

Evidence No-19:

Competency Assessment Results Summary (CARS)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **COMPETENCY ASSESSMENT RESULTS SUMMARY (CARS)** | | | | | | | |
| **Name of Candidate:** | |  | | | | | |
| **Registration No.** | | **(First Registration No. in NTVQF)** | | | | | |
| **Name of Assessors:** | |  | | | | | |
| **Title of Qualification/ Cluster of Units of Competency** | |  | | | | | |
|  | | | | | |
| **Assessment Centre:** | |  | | | **Date of Assessment:** | |  |
| The performance of the candidate in the following unit(s) of competency and corresponding assessment methods | | | | | | | |
| **Assessment Event** | | | | | **Satisfactory** | | **Not Satisfactory** |
| **Event-1: Written** | | | | |  | |  |
| **Event-2: Demonstration** | | | | | | | |
| Project/Job-1 |  | | | |  | |  |
| Project/Job-2 |  | | | |  | |  |
| **Event 3: Oral** |  | | | |  | |  |
| Note: Satisfactory Performance shall only be given to candidate who demonstrated successfully all the competencies identified in the above-named Qualification/Cluster of Units of Competency. | | | | | | | |
| Recommendation : | |   For issuance of NC/SoA (Indicate title/s of SoA, if Full Qualification is not met) | |   For submission of Additional documents Specify: | |   For re-assessment (pls. specify) | |
| Did the candidate overall performance meet the required evidences/ standards? | | | | |   Yes | |   No |
| OVERALL EVALUATION | | |   **Competent** | |   **Not Yet Competent** | | |
| **General Comments** [Strengths/Improvements needed] | | | | | | | |
| Signature of Candidate | |  | | | Date: | |  |
| Signature of Assessor | |  | | | Date: | |  |
| Signature of Centre Manager | |  | | | Date: | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CANDIDATE’S COPY** (Please present this form when you claim your NC/SoA) | | | | | | | |
| **COMPETENCY ASSESSMENT RESULTS SUMMARY (CARS)** | | | | | | | |
| Qualification: |  | | | | | | |
| Name of Candidate: |  | | | Date of Issue: | | |  |
| Name of Assessment Centre: |  | | | Date of assessment: | | |  |
| Assessment Results: | |   **COMPETENT** | | |   **NOT YET COMPETENT** | | |
| Recommendation: |  For issuance of NC/SoA (Indicate title/s of SoA, if Full Qualification is not met) | |  For submission of Additional Documents Specify: | | |   For re-assessment (pls. specify): | |
| **Name and Signature:** | Assessed by | | | Attested by | | | |
| **Date:** |  | | |  | | | |

Evidence No-20:

Evidence Requirement \_ for Trainers & Assessors

In CBT&A Methodology

|  |  |
| --- | --- |
| Name of the Trainee: |  |
| Registration ID |  |
| Instruction: Please check the correct box before submitting the assessment evidence to your assessor | |

Plan and Deliver Competency Based Training – evidence documents

|  |  |  |  |
| --- | --- | --- | --- |
|  | Required evidence | Submitted | |
| YES NO | |
|  | Completed Hazard Inspection Checklist | ∙🞎 | 🞎 |
|  | Completed Maintenance and Housekeeping Form | ∙🞎 | 🞎 |
|  | Completed Task Analysis From | ∙🞎 | 🞎 |
|  | Completed Unit Delivery Plan | ∙🞎 | 🞎 |
|  | Completed Session Plans for 3 training sessions | ∙🞎 | 🞎 |
|  | Relevant CBLMS for the session to be conducted | ∙🞎 | 🞎 |
|  | Completed Peer Feedback Form | ∙🞎 | 🞎 |
|  | Completed Personnel Evaluation Form | ∙🞎 | 🞎 |
|  | Developed Personal Professional Development Plan | ∙🞎 | 🞎 |
|  | Develop and submit a Technical Competency Development Plan | ∙🞎 | 🞎 |

Plan and conduct assessment – evidence documents

|  |  |  |  |
| --- | --- | --- | --- |
|  | Required evidence | Submitted | |
| Yes No | |
| 1 | Completed Assessment planning matrix for one unit | ∙🞎 | 🞎 |
| 2 | Self-Assessment for unit being assessed | ∙🞎 | 🞎 |
| 3 | Attendance sheet with Registration No | ∙🞎 | 🞎 |
| 4 | Assessment Agreement Sheet | ∙🞎 | 🞎 |
| 5 | Assessment event Job Sheet and Specification Sheet | ∙🞎 | 🞎 |
| 6 | Relevant assessment tools | | |
| Observation Checklist | ∙🞎 | 🞎 |
| Oral Questioning Sheet (with answer key) | ∙🞎 | 🞎 |
| Written question (with answer key) | ∙🞎 | 🞎 |
| 7 | Competency Assessment Result Summery (CARS) | ∙🞎 | 🞎 |

I have submitted the above documents.

Trainee Signature: Date: